

**P. O. Box 1360
Frankfort, KY 40602
502/564-3296**

(PLEASE TURN OVER AND COMPLETE REVERSE SIDE)

List the place(s) of your employment since your Kentucky license expired. Account for all time. If additional space is needed, please attach a separate sheet containing that information.

Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position

REQUIREMENTS FOR REINSTATEMENT:

- ✍ Submit completed verification form from each state in which you have held or currently hold a license.
- ✍ Submit a current OR initial copy of your large NBCOT certificate.
- ✍ If your license has been terminated for three (3) years or LESS from the time the application is filed, submit twelve (12) CCUs of qualified activities for maintaining continuing competence for EACH year in which your license has been in the status prior to receiving the license.
- ✍ If your license has been terminated for three (3) years or MORE from the time the application is filed, submit thirty-six (36) CCUs of qualified activities for maintaining continuing competence.

APPLICANT'S AFFIDAVIT
<p>I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.</p> <p>DATE _____ APPLICANT'S SIGNATURE _____</p>

DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY

Fee Received: Amount \$ _____ Approved _____ Not Approved _____
Date _____ Date _____